CHAPTER 1

MEDICAL SERVICES

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2.4	Office Visits With Surgery				
2.5	Office Visits With Surgery (TRICARE Claimcheck)				
3.2	Home Visits				
4.4	Inpatient Concurrent Care				
4.5	Initial Hospital Visits				
4.6	Pre And Post Surgical Hospital Visits				
4.7	Follow-Up Hospital Visits				
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4.9	Outpatient Observation Stays				
5.2	Skilled Nursing Facility Visits				
6.2	Nursing Home Visits				
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8.2	Consultations				
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10.1	TRICARE Standard - Clinical Preventive Services				
10.2	Papanicolaou (PAP) Tests				
10.4	Well-Child Care				
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11.1	Botulinum Toxin A Injections				
11.2	Vitamin B-12 Injections				
11.3	Chelation Therapy				
12.1B	Limit On Acute Inpatient Mental Health Care Effective October 1, 1991				
12.1C	Limit On Residential Treatment Center (RTC) Care Effective October 1, 1991				
12.1D	Preauthorization Requirements For Acute Hospital Psychiatric Care Effective				

SE	ECTION	Subject				
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	12.1F	Preauthorization Requirements For Substance Use Disorder Detoxification And Rehabilitation				
	12.1G	Psychiatric Partial Hospitalization Programs - Preauthorization And Day Limits				
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	19.2	Non-Invasive Peripheral Vascular Diagnostic Studies: Extremity Arterial Studies (Including Digits)				

Section	Subject				
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21.1	Allergy Testing And Treatment				
22.1	Intraoperative Neurophysiology Testing				
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